DISCHARGE SUMMARY

IN EMERGENCY CALL VIKRAM HOSPITAL ON 080 71004501

Patient Name	Mr. DHANANJAY B R			Age/Gender	57 Yrs/Male
URN	180613	Visit No.	IP1	Primary Consultant	Dr. Ganeshakrishnan I Iyer
Admission Date	25/09/2017	Admission No.	51470	Department	Cardio Thoracic
Discharge Date	07/10/2017			Referred By	Dr. Mohammed Iliyas (Unique Health Care)
Bed No.	Semi Private - 3rd floor (303-B)			Discharge Mode	Normal

Discharge Diagnosis

ISCHAEMIC HEART DISEASE
ACUTE PULMONARY OEDEMA
THREE VESSEL CORONARY ARTERY DISEASE
SEVERE LV DYSFUNCTION EF - 30%
DIABETES MELLITUS - TYPE 2

Procedure

CORONARY ARTERY BYPASS GRAFTING X 4 GRAFTS WITH PRE OP IABP SUPPORT DONE ON 27.09.2017
(LIMA TO LAD , SVG TO DIAGONAL SEQUENCED TO OM, SVG TO RCA)

Presenting Complaints

Mr. Dhananjay B R, aged 57 years, presented to People Tree Hospital with history of exertional breathlessness, bilateral pedal oedema, PND, worsened shortness of breath since 2 days. He was evaluated, ECG showed ST T changes, 2D Echo showed Regional wall motion abnormality with severe biventricular dysfunction. He underwent coronary angiogram on 23.09.2017 which showed three vessel coronary disease and was advised CABG. Hence admitted here for the same.

Past History

Known case of diabetes mellitus for past 15 years.

Clinical Examination

Temperature	98.6° F	Weight	70.5(kg)	Pallor	No
Pulse Rate	74/Min	Height	164(cm)	Icterus	No
R.R.	20/Min	BMI	26.21(kg/m2)	Cyanosis	No
B.P.	120/80 mm of Hg			Oedema	Present

G.C :Fair
CNS :Conscious, oriented.
CVS :S1 S2 +
P/A :Soft
RS :Bilateral crepts +

Investigations-Img

PRE OP ECHOCARDIOGRAM : 26.09.2017
Ischaemic Heart Disease
Mildly dilated left ventricle
Sclerotic aortic valve
Regional wall motion abnormality present (WMSI : 1.41)
Severe LV dysfunction EF - 30%
Mild mitral regurgitation
Trivial aortic and tricuspid regurgitation

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No PAH , clot or effusion.

POST OP ECHOCARDIOGRAM : 05.10.2017
Ischaemic heart disease - S/P CABG
Concentric LV hypertrophy
Dilated left atrium, Mildly calcified aortic valve
Regional wall motion abnormalities present (WMSI - 1.23), Bouncy septum.
Fair LV systolic function EF - 53%
LV diastolic dysfunction present
Trivial mitral regurgitation and mild tricuspid regurgitation.
Moderate pulmonary arterial hypertension
No clot or effusion.

ourse In Hospital

Mr. Dhananjay B R, aged 57 years, a known case of diabetes mellitus, was admitted with above history to undergo CABG. In view of severe LV dysfunction EF - 30%, he was put on IABP support pre operatively on 26.09.2017. He successfully underwent Coronary Artery Bypass Grafting x 4 Grafts with IABP support on 27.09.2017. He was extubated on 1st post op day and weaned off IABP support by 2nd post op day. He was shifted to ward on 01.10.2017. At the time of discharge, there is mild oozing at the lower end of sternal wound which requires alternate dressing. Discharged in a stable state.

ndition on Discharge

Stable.

charge Advice

I. Medication

Sr. No.	Item	Frequency	Duration	Route	Instruction
1	LEVOFLOXACIN 500MG(LEVOFLOX 500MG TAB)	1-0-0	5 Days	Oral	
2	METOPROLOL 50MG(BETALOC 50MG TAB)	1-0-1	Daily	Oral	
3	(CORDARONE 200MG)	1-0-0	3 months	Oral	FOR AF
4	ASPIRIN(ECOSPRIN 150MG TAB)	0-1-0	Daily	Oral	AFTER FOOD
5	FUROSEMIDE 40MG(LASIX 40MG TAB)	2-0-0 1/2-0	1 month	Oral	
6	SPIRONOLACTONE 25MG TAB(ALDACTONE 25MG TAB)	2-0-0	1 month	Oral	
7	ATORVASTATIN 20MG(STORVAS 20MG TAB)	0-0-1	Daily	Oral	
8	THYROXINE SODIUM 25MCG(THYRONORM 25MCG TAB)	1-0-0	Daily	Oral	ON EMPTY STOMACH

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9	PANTOPRAZOLE 40MG(PAN 40 MG TAB 15)	1-0-0	15 days	Oral	HOUR BEFORE FOOD
10	ISOSORBIDE DINITRATE 20MG + HYDRALAZINE 37.5MG(ISOLAZINE TAB)	1/2-1/2-1/2	Daily	Oral	
11	ASCORBIC ACID 150MG + BIOTIN 100MCG + CALCIUM PANTOTHENATE 50MG + FOLIC ACID 1.5MG + NIACINAMIDE 100(BECOSULES CAP)	0-1-0	1 month	Oral	
12	ELEMENTAL IRON 100 MG+FOLIC ACID 550 MCG(OROFER CAP)	1-0-0	1 month	Oral	
13	ALPRAZOLAM 0.5MG(RESTYL 0.5MG)	0-0-1	5 Days	Oral	AT BED TIME

2. *Other Instruction*

Diabetic treatment prescription attached separately.

Follow up

Review with Dr. Ganeshakrishnan Iyer on 09.10.2017 with prior appointment.
For further appointment call : 9686114163 / 64
Follow up with Dr. Mohammed Iliyas as advised.

Contact in Emergency

In case of Chest pain, Breathlessness, Discharge from the wound site, Redness around the wound, Giddiness, Blackouts, Fever with chills and rigors. Please contact Emergency Room : 080-4500-4500, 7100-4500

Signature of RMO

Dr. Ganeshakrishnan T. Iyer .
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